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Date: March 20, 2007

To: Examiner Anuradha Ramana	Fax: 571-273-4718	<input type="checkbox"/> Use this fax number only
Company: USPTO	Phone: 571-272-4718	<input type="checkbox"/> Notify recipient before sending

From: Bret Field	Phone: (650) 833-7770	Return Fax: (650) 327-3231
Original: <input type="checkbox"/> To follow via mail <input type="checkbox"/> To follow via courier <input type="checkbox"/> To follow via email <input checked="" type="checkbox"/> Original will not follow		
Fax Contains: 7 pages (including this sheet). If incomplete, call Christa Carter (650) 833-7708		
Re: U.S. App. No.: 10/661,356 Filing Date: September 11, 2003 Group Art Unit: 3733 Attorney Docket No.: SKEL-012		
Message:		

Ref: SKEL-012

Return Original to: Christa Carter

Location:

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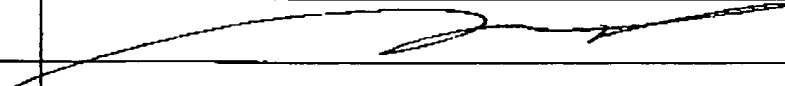
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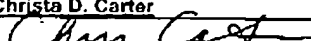
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/661,358	
		Filing Date	September 11, 2003	
		First Named Inventor	YETKINLER, DURAN	
		Group Art Unit	3733	
		Examiner Name	RAMANA, ANURADHA	
Total Number of Pages in This Submission		6	Attorney Docket Number	SKEL-012
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input checked="" type="checkbox"/> Fee Attached (in duplicate, 2 pages) <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): * Terminal Disclaimer (1 page)
Remarks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	BRET E. FIELD, Reg. No. 37,620			
Signature				
Date	April 9, 2007			

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 571-273-4718 on this date: April 9, 2007.			
Typed or printed name	Christa D. Carter		
Signature		Date	April 9, 2007

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PTO/SB/17 (07-08)

Approved for use through 01/31/2007. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 65.00

Complete If Known

Application Number	10/661,356
Filing Date	September 11, 2003
First Named Inventor	YETKINLER, DURAN
Examiner Name	RAMANA, ANURADHA
Art Unit	3733
Attorney Docket No.	SKEL-012

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METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0815**

Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)	Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =	x	=	
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HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =	x	=	
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HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =	/ 50 =	(round up to a whole number) x	=	
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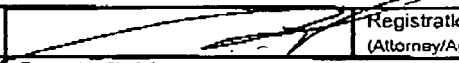
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

 Other: **2814** Statutory Disclaimer Fee

Fee Paid (\$)
65.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,620	Telephone 650.327.3400
Name (Print/Type)	Bret E. Field	Date	04/09/2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 65.00

Complete if Known

Application Number **10/681,356**
 Filing Date **September 11, 2003**
 First Named Inventor **YETKINLER, DURAN**
 Examiner Name **RAMANA, ANURADHA**
 Art Unit **3733**
 Attorney Docket No. **SKEL-012**

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☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0815**

Deposit Account Name: _____

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☐ Charge fee(s) indicated below, except for the filing fee

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
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 $\text{HP} = \text{highest number of total claims paid for, if greater than 20}$
 $\text{Indep. Claims} - 3 \text{ or HP} = \text{Extra Claims} \times \text{Fee ($)} = \text{Fee Paid ($)}$
 $\text{HP} = \text{highest number of independent claims paid for, if greater than 3}$
3. APPLICATION SIZE FEE

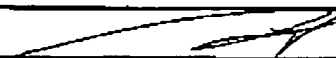
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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 $\text{Total Sheets} - 100 = \text{Extra Sheets} / 50 = \text{Number of each additional 50 or fraction thereof} \times \text{Fee ($)} = \text{Fee Paid ($)}$
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

 Other: **2814 Statutory Disclaimer Fee**
Fee Paid (\$)
65.00
SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,620	Telephone 650.327.3400
Name (Print/Type)	Bret E. Field	Date	04/09/2007

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PTO/SB/25 (09-08)

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**TERMINAL DISCLAIMER TO OBIATE A PROVISIONAL DOUBLE PATENTING
REJECTION OVER A PENDING "REFERENCE" APPLICATION**

Docket Number (Optional)

SKEL-012

In re Application of: **YETKINLER, DURAN**Application No.: **10/661,358**Filed: **September 11, 2003**For: **METHODS AND DEVICES FOR DELIVERING ORTHOPEDIC CEMENTS TO A TARGET BONE SITE****RECEIVED
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The owner*, **SKELETAL KINETICS, LLC**, of **100** percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application which would extend beyond the expiration date of the full statutory term of any patent granted on pending reference Application Number **10/797,907**, filed on **March 9, 2004**, as such term is defined in 35 U.S.C. 154 and 173, and as the term of any patent granted on said reference application may be shortened by any terminal disclaimer filed prior to the grant of any patent on the pending reference application. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and any patent granted on the reference application are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

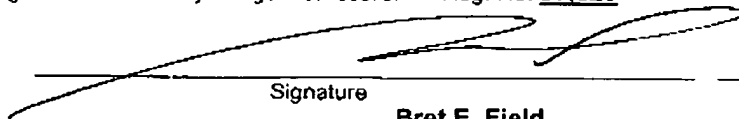
In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of any patent granted on said reference application, "as the term of any patent granted on said reference application may be shortened by any terminal disclaimer filed prior to the grant of any patent on the pending reference application." In the event that: any such patent: granted on the pending reference application; expires for failure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321, has all claims canceled by a reexamination certificate, is reissued, or is in any manner terminated prior to the expiration of its full statutory term as shortened by any terminal disclaimer filed prior to its grant.

Check either box 1 or 2 below, if appropriate.

1. ☐ For submissions on behalf of an organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2. ☒ The undersigned is an attorney or agent of record. Reg. No. **37,620**


Signature

April 9, 2007

Date

Bret E. Field

Typed or printed name

(650) 833-7770

Telephone Number

- ☒ Terminal disclaimer fee under 37 CFR 1.20(d) is included.

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*Statement under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner).
Form PTO/SB/98 may be used for making this statement. See MPEP § 324.

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